



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MESSAGE THERAPY ESTABLISHMENT REQUEST FOR DUPLICATE CERTIFICATE AND NOTIFICATION OF CHANGE INSTRUCTIONS

All information provided must be typed or printed in black ink.

1. CURRENT NAME OF THE MESSAGE ESTABLISHMENT – Write the facility name as it currently appears on the Massage Establishment License.
2. MESSAGE ESTABLISHMENT LICENSE NUMBER – Write the Massage Establishment License number.
3. REQUEST FOR DUPLICATE MESSAGE ESTABLISHMENT LICENSE – Check the appropriate box if you want a duplicate of your Massage Establishment License. (\$25 fee for each duplicate.)
4. NOTICE OF CHANGE – Check the appropriate box for the change(s) you are requesting.
5. CHANGE MY MESSAGE ESTABLISHMENT NAME – Write the new Massage Establishment name as reflected on the ASSUMED NAME filing with the County Clerk or Secretary of State (SOS). You must provide a copy of the Assumed Name Filing with the County Clerk or Secretary of State with this form.
6. CHANGE BUSINESS MAILING ADDRESS – Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a post office box.
7. CHANGE BUSINESS PHONE NUMBER – Write your new phone number, including the area code.
8. CHANGE BUSINESS EMAIL ADDRESS – Write your new email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
9. STATEMENT OF APPLICANT – Carefully read, print the name, and title of the person requesting the change(s), and must be signed and dated.

NOTE: Once your license has been issued, you can only change the business's physical address by applying for a new license.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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All information provided must be typed or printed in **black ink**.

1. Current name of the Massage Establishment:

2. Massage Establishment License Number:

Please Print

3. Request for a duplicate Massage Establishment License: (\$25 non-refundable fee required)

I am requesting a duplicate of my Massage Establishment License.

4. Notice of Change for: Massage Establishment Name Change
(supporting documents and \$25 duplicate license fee required)

Massage Establishment contact information change (no fee required)

5. Change Massage Establishment name:

6. Change Establishment Mailing Address:

(P.O. Box, Number, Street Name, Suite Number)

City

State

Zip Code

7. Change Establishment Phone Number:

8. Change Establishment Email Address:

Area Code Ph. Number

(Ex: john.doe@gmail.com) See Instructions sheet for Disclosure)

9. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Massage Therapists Act, Texas Occupations Code, Chapter 455 and Chapter 51; Texas Administrative Code, Chapter 117; the Massage Therapists Administrative Rules. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Printed name

Signature

Date